



COMMONWEALTH OF VIRGINIA
PERMIT APPLICATION
Hampton Health Department
1320 LaSalle Ave., Hampton VA 23669
Phone (757) 727- 2570; Fax (757) 727- 1227



I/we hereby make application to the Hampton Health Department for a permit to operate a:

Restaurant _____ Grocery _____ Seasonal _____ Institution _____ Hotel _____ Day Care _____

Campground _____ Mobile Unit _____ (Name of Commissary) _____ Other _____

New Establishment _____ Change of Ownership _____ Update _____ Other (explain) _____

Establishment Name _____ **Phone (757)** _____ **Fax** _____

Address _____ **Zip Code** _____ **Email Address** _____

Ownership is by: Individual _____ Corporation _____ Partnership _____ Association _____ Other _____

Owner's/ Corp. Name _____ **Phone** _____ **Email** _____

Mailing Address _____ **Fax** _____ **Web Page** _____

Operator's/ Manager's Name _____ **Phone** _____ **Email** _____

Mailing Address _____ **City/State** _____ **Fax** _____

Water Supply: Public _____ Well _____ **Sewage Disposal:** Public/Sewer _____ Onsite Disposal _____ **Smoking?** _____

Number of Seats _____ **Number of Hotel Rooms** _____ **Number of Campsites** _____ **Number of Slips** _____

PHF Served? _____ **PHF's prepared from raw products?** _____ **PHF's cooked, chilled and/or reheated?** _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Signature of Applicant or person authorized by applicant to sign this application

Signature _____ **Title** _____ **Date** _____

Home Address _____ **City & State** _____ **Zip Code** _____

Print Name _____ **Home Phone** _____

OFFICE USE ONLY

Approved

for Permit: Yes _ No _ **Date:** _____ **By:** _____

Date Permit Issued: _____ **By:** _____

Remarks _____